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7		` •	artment, bureau, or esta				<u> </u>				
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			(1 00)	,				(For use of	of Paying Office)		
	(Ad	lress)	(City)	R SERVICES _	state)		TINIT	PRICE	AMOUN	т	
and Date of Order	Date of Delivery or Service	(Enter des schee Discount Ter	cription, item numb dule, and other infor	er of contract or Federal s nation deemed necessary)	upply	QUANTITY	Cost	Per	Dollars	Cts.	
		Cost							15,048	85	
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Complete 🔲 Partial 🔲											
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Per ntract No.		AlOl I	Date	Req. No.		Date		Invoice Rec	'd.		
	city vostad in me		his account is correct	and proper for payment.			In	//		ST	
	15,048.8	ne, I certify that this account is correct and proper for payment. STATINTL †						14/53	<u>`</u>		
pproved for \$ 2	0)01/0			IGN			ertify	ing Officer)			
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16 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		'HIS FORM MUST BI		ASES ARE MADE OR SERVICES SE	CURED WITH	OUT WRITTEN	AGREEMENT	IN ANY FORM			
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aid by {							i favo	i oi davee I	ranica above.		

Standard Form No. 1035—Revised Form prescribed by Comptroller Comp

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) PAYROLL SYSTEM 2			UNIT PRICE		AMOUNT	
					Cost	Per	Dollars	c
		Marie Control of the						
		Direct Labor Costs properly chargeable Contract AlO1 for the period 9/19/55 + 9/25/55.	∍ to thru	-			STATIN	1 <u>1</u> 11
		Week Ending 9/25/55	STAT	INTL				
		Overhead computed at interim rate of of						
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